

# CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

## Weekly Bulletin



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GUY P. JONES  
EDITOR

## *Epilepsy and Motoring*

By DR. G. H. MONRAD-KROHN, Oslo, Norway

From *Epilepsia*. Denmark—Vol. 1-3

With the motor traffic rapidly increasing everywhere, it is natural that the community demands that every person allowed to drive a motor car is fit to do so and not in any way temporarily or permanently disabled so as to endanger the public safety.

Here arises the question if a person suffering from epilepsy may be granted a driving license.

The simplest and safest way would be for the community to deny every epileptic a driving license. Let me at once admit that this standpoint has my sympathy as the safest and soundest.

Yet, it can not be denied that many difficulties and many seeming iniquities arise from such an absolute negative standpoint. A person who has had just one or two seizures and no more, will feel it a great injustice that he is not allowed to drive a car—so will a person with nocturnal epilepsy—so will a person who has had no seizures for two or three years.

On account of this, epileptics can in some countries be granted a driving license, when they have been notoriously free from seizures for two or three years. On this score, however, other difficulties arise. In the first place it has to be kept in mind that so many epileptics, on account of their total amnesia for the fits, have no knowledge of their seizures and may often be subjectively convinced of having no seizures when in reality they are having a good many. Therefore, it requires constant, careful—and truthful—

observation by the patient's nearest relations to ascertain freedom from seizures for two or three years.

A further and perhaps greater difficulty is this: Freedom from seizures for two or three years gives in itself by no means any guarantee for continued freedom from seizures. Only when the conditions as regards medication and life habits (regular sleep, regular meals, regular exercise and above all no alcohol consumption whatever) are kept unaltered will freedom from seizures for two or three years give some limited security also from future seizures. In this connection it has to be kept in mind that an epileptic patient may look upon the granting of a driving license as an official recognition of his being cured of the epilepsy, which again may induce him to abandon medication and to disrespect the physician's warning against alcohol.

In fact, I have seen several epileptics, who having been free from seizures for two or three years (even without having received such "official recognition" hereof, as they sometimes are inclined to regard driving licenses) have considered themselves cured and on the strength of this have abandoned medication and precautions, with the result that seizures have reappeared after some time.

Out from such considerations the Norwegian Department committee, on my proposal, has made the following proposals for legislation:



- I. An epileptic may never be allowed to work as a professional chauffeur.
- II. Exceptionally an epileptic may be granted a driving license on the following conditions:
  - (1) That he has been free from seizures for at least three years.
  - (2) Promise to continue medication unaltered (and control hereof).
  - (3) Total abstinence of alcohol.
  - (4) Declaration and recommendation from an authorized physician and neurologist, based on personal examination.
  - (5) Continued medical control by police surgeon or by other specially appointed or authorized physician.

The committee also pointed out the desirability of cycling being brought under control in a similar way, as epileptics cycling in trafficated areas without such control represent a grave danger to life for others as well as for themselves.

Another important question is this: How should the physician proceed when he gets knowledge of an epileptic patient, who in possession of a driving license under false pretenses is driving a motor vehicle to the danger of public safety?

This is a very difficult and delicate point. On the one hand, the physician has his duty of professional secrecy—and it is necessary that this should not be unnecessarily interfered with, as this may lead to patients' not seeking medical advice and treatment for their ailment. On the other hand, a motoring epileptic represents such a real danger to the life of other individuals that the community has every right to exert full control, which again involves a necessary infraction of professional secrecy on this point. For the protection of the physicians this should preferably be settled by legislation, compelling the physician to report to the police, when in his work he gets knowledge of an epileptic in unlawful possession of a driving license—(without establishing for the physician any duty to act in the capacity of a detective regards the patients' actions).

As regards the exact way of reporting, a choice must be made between two different modes of procedure.

I. The physician may be required to report directly to the police any patient in possession of a driving license whom he deems to be suffering from epilepsy or any other disease which entails danger in driving a motor vehicle, or

II. The physician is required to forbid the patient to drive and to give up his driving license to the police. This should be given in writing, a copy to

be sent to the police, enabling this to act if the physicians' instructions are not complied with.

The medical faculty of the Royal Frederick University (Oslo) has recommended the second of these alternatives as the more considerate towards the patients—(allowing them to give up the driving license themselves without placing them on the same footing as drunkards and reckless drivers, whose driving license is simply confiscated by the police). Both alternatives obviously involve full professional secrecy from the police authorities.

With the increasing number of motor accidents, it is imperative that such an urgent question as the epileptics' right to drive motor vehicles should be settled by legislation with a view to protect the community, the epileptic patients and the physicians.

This legislation should preferably be uniform in all countries and therefore an international committee of physicians and lawyers, charged with the task of proposing adequate legislative measures in this important field, would be highly desirable. Perhaps the League of Nations or the government of some interested country would take the initiative.

#### NEW HEALTH OFFICERS

Dr. George O'Brien of Sacramento has been appointed health officer of Solano County, with headquarters at Fairfield. Dr. O'Brien succeeds Dr. A. Frank Brewer, who is now on the staff of the California State Department of Public Health.

Dr. William J. Quinn has been appointed health officer of Humboldt County, to succeed Dr. Charles C. Falk, Jr. Dr. Quinn has served as county health officer during past years.

Dr. William P. Bowen has been appointed city health officer of Lindsay, to succeed Dr. Annie L. Bond. Dr. Bond has served as health officer of Lindsay for many years and has maintained an active interest in all public health affairs. For many years she has always attended the annual meeting of the Department of Health Officers of the League of California Municipalities.

Twenty-five years ago you could have counted the number of companies that had industrial research laboratories on the fingers of your hands. Today we have over two thousand. . . . It is an expression of their determination to find out more about their business and, in so doing, they are going to do the one thing that is most essential to our industrial and social vitality.—Charles F. Kettering, Director of Research, General Motors Corp.



**NEW WALNUT SHELLING LAW ENFORCED**

Chapter 942, Acts of 1939, which became effective September 19th, requires the licensing by the State Department of Public Health of all places where walnuts are cracked, graded, sorted or packed. Since nut-cracking has been taken up as a livelihood by many individuals, operations being conducted in homes where surroundings are often insanitary and workers diseased, it has been found difficult to locate all walnut cracking places. In cooperation with the Industrial Welfare Department, however, many such places have been located. Applications for licenses have been received from the established commercial nut-shelling places. It is anticipated that little difficulty will be experienced in the enforcement of the act.

**TURKEYS IN STORAGE**

An investigation of turkeys being held in storage was undertaken during October. Premises of growers, poultry houses, and storage plants were checked in cooperation with health departments of several southern counties and the State Department of Agriculture. Investigations showed that a more intensive inspection of poultry is desirable. On one ranch visited, 4000 turkeys had been killed for market during a period of about ten days. Because of the high cost of feed, danger of thieves, and for other reasons, growers are forced to slaughter and hold in storage their yearly output for holiday trade.

**IMITATION RUM CAUSES CONVICTION**

As a result of an investigation extending over several weeks, a firm of rectifiers in Los Angeles was brought into court, and, following a plea of guilty, fined \$100 for selling a rectified imitation as genuine rum. Another rectifier was found to be selling a compound gin as distilled gin and the case was referred to the city prosecutor for action.

**RODENT SURVEY CONTINUED**

During September the rodent survey conducted by this bureau was carried on in sections of El Dorado, Placer, Nevada, Modoc, Lassen, Plumas, Sierra, Riverside, Kern, San Bernardino, Contra Costa, and Alameda counties. During the month, nearly 4,700 rodents were collected and examined, and nearly 20,000 fleas, taken from such rodents and their burrows, were sent to the laboratory for examination. Most of the rodents examined were ground squirrels. Nearly 1,000 chipmunks, however, were collected and examined for disease.

**DISEASES REPORTABLE IN CALIFORNIA****REPORTABLE ONLY**

Anthrax	Lymphogranuloma
Beriberi	Inguinale
Botulism	Malaria*
Chancroid	Pellagra
Coccidioidal Granuloma	Pneumonia (Lobar)
Dengue*	Relapsing Fever
Epilepsy	Rocky Mountain Spotted Fever
Fluke Infection	Septic Sore Throat
Food Poisoning	Tetanus
Glanders†	Trichinosis
Hookworm	Tularemia
Jaundice (Infectious)	Undulant Fever

**ISOLATION OF PATIENT**

Chickenpox	Ophthalmia Neonatorum
Dysentery (Amoebic)	Psittacosis
Dysentery (Bacillary)	Rabies (Animal)
Erysipelas	Rabies (Human)
German Measles	Syphilis
Gonococcus Infection	Trachoma
Influenza	Tuberculosis
Measles	Whooping Cough
Mumps	

**QUARANTINABLE**

Cholera†	Scarlet Fever
Diphtheria	Smallpox
Encephalitis (Infectious)	Typhoid and Paratyphoid Fever
Leprosy	Typhus Fever
Meningitis (Epidemic)	Yellow Fever†
Plague†	
Acute Anterior Poliomyelitis	

\* Patients should be kept in mosquito-free room.

† Cases to be reported to State Department of Public Health by telephone or telegraph and special instructions will be issued.

**NEUROLOGICAL CONGRESS APPROVES THE REPORTING OF EPILEPSY**

At a general meeting of the Eighth Psychiatric and Neurological Congress held in Copenhagen, Denmark, this year, Doctor G. H. Monrad-Krohn of Oslo, Norway, introduced the following resolution, which was adopted unanimously by the congress:

"The Eighth Scandinavian Neurological Congress wishes to express the opinion that it be in some way established that it is a duty of practicing physicians, without regard to their obligation of silence, in some way to notify the authorities, whenever in their practice they discover a patient suffering from epilepsy in the possession of a driving vehicle and making use of it. The congress therefore asks the counsel of the Scandinavian Neurological Association to draw the attention of the governments in the respective countries to this very important problem."



## MORBIDITY

Complete Reports for Following Diseases for Week Ending  
October 28, 1939

## Chickenpox

155 cases: Albany 2, Berkeley 2, Oakland 5, Colusa County 1, Contra Costa County 3, Antioch 2, Imperial County 1, Kern County 2, Kings County 14, Los Angeles County 12, Long Beach 4, Los Angeles 7, Pasadena 1, San Gabriel 1, Santa Monica 1, Torrance 1, Madera County 1, Marin County 7, Monterey 2, Napa County 1, Orange County 6, Santa Ana 1, Palm Springs 4, Sacramento 6, San Bernardino 1, San Diego County 2, San Diego 3, San Francisco 21, San Joaquin County 2, Stockton 3, San Luis Obispo County 19, San Mateo County 1, Santa Clara County 2, Mountain View 1, Palo Alto 1, San Jose 5, Solano County 1, Tehama County 3, Tulare County 1, Tulare 1, Ventura County 1.

## Diphtheria

8 cases: Fresno County 1, Pomona 1, San Gabriel 1, Madera County 1, San Diego County 1, Stockton 1, Solano County 1, Woodland 1.

## German Measles

17 cases: Berkeley 3, Alhambra 1, Glendale 1, Long Beach 2, Pasadena 4, Fullerton 1, Sacramento 2, San Francisco 1, Stockton 1, Burlingame 1.

## Influenza

14 cases: Berkeley 1, Los Angeles County 2, Huntington Park 1, Long Beach 2, Los Angeles 4, La Mesa 2, San Luis Obispo County 1, South San Francisco 1.

## Malaria

6 cases: Kern County 1, Los Angeles 1, Sacramento 1, Palo Alto 1, Winters 1, Yuba County 1.

## Measles

75 cases: Alameda County 1, Berkeley 2, El Dorado County 20, Kern County 1, Bakersfield 1, Kings County 1, Los Angeles County 1, Alhambra 1, Los Angeles 9, San Fernando 4, Napa 1, Orange County 1, Indio 1, Sacramento 1, Redlands 1, San Diego County 3, National City 1, San Diego 14, San Francisco 3, San Joaquin County 1, Stockton 2, San Luis Obispo 1, Sutter County 1, Tulare County 2, Visalia 1.

## Mumps

169 cases: Alameda County 8, Berkeley 5, Oakland 7, San Leandro 1, Butte County 7, Gridley 2, Antioch 1, Fresno County 2, Selma 1, Humboldt County 1, Kern County 1, Bakersfield 1, Los Angeles County 2, Glendale 3, Long Beach 7, Los Angeles 14, Monrovia 1, Pasadena 5, San Fernando 2, Santa Monica 1, South Gate 1, Madera County 1, Monterey County 2, Orange County 7, Anaheim 2, Fullerton 1, La Habra 3, Riverside County 1, Banning 2, Sacramento 6, San Diego 3, San Francisco 12, San Joaquin County 4, San Luis Obispo County 1, San Luis Obispo 1, Hillsborough 1, San Mateo 2, Santa Barbara County 7, Santa Barbara 4, Santa Maria 1, Santa Clara County 3, Mountain View 3, Palo Alto 10, San Jose 2, Sunnyvale 1, Shasta County 6, Solano County 1, Tulare County 2, Tulare 1, Yolo County 2, Davis 3, Yuba County 1.

## Pneumonia (Lobar)

35 cases: Antioch 1, Humboldt County 2, Los Angeles County 4, Long Beach 1, Los Angeles 13, Pomona 1, San Fernando 1, Sacramento County 1, Sacramento 1, San Francisco 5, San Joaquin County 1, San Luis Obispo County 1, Dinuba 1, Ventura County 1, Woodland 1.

## Scarlet Fever

108 cases: Alameda County 1, Albany 1, Berkeley 3, Contra Costa County 3, Fresno County 1, Fresno 1, Humboldt County 1, Kern County 2, Bakersfield 1, Delano 1, Los Angeles County 19, Arcadia 1, Compton 1, El Monte 1, Glendale 2, Huntington Park 1, Long Beach 3, Los Angeles 24, Santa Monica 1, Whittier 1, South Gate 1, Madera County 1, Marin County 1, Fort Bragg 1, Orange County 1, Huntington Beach 2, Sacramento 1, San Diego 8, San Francisco 1, San Joaquin County 4, Lodi 1, Stockton 1, San Bruno 1, Santa Barbara County 1, Palo Alto 1, Sunnyvale 2, Santa Cruz 1, Shasta County 2, Sutter County 1, Visalia 1, Ventura 6.

## Smallpox

One case: Marysville.

## Typhoid Fever

8 cases: Fresno County 1, Los Angeles 1, Sacramento 1, San Diego 1, Santa Clara County 1, California 3.\*

## Whooping Cough

140 cases: Alameda County 4, Oakland 6, Colusa County 15, Kern County 6, Bakersfield 5, Kings County 1, Los Angeles

\* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

County 26, Azusa 1, Burbank 3, Claremont 1, Long Beach 1, Los Angeles 16, Pasadena 1, Lynwood 6, Orange County 4, Fullerton 6, Orange 5, Santa Ana 2, San Clemente 1, Riverside 1, San Bernardino 1, San Diego County 1, San Diego 4, San Francisco 7, San Mateo County 1, Redwood City 1, Santa Barbara 4, Santa Clara County 2, San Jose 5, Sonoma County 2, Yolo County 1.

## Meningitis (Epidemic)

3 cases: Los Angeles County 1, Long Beach 1, Tulare County 1.

## Dysentery (Amoebic)

6 cases: Ontario 4, San Francisco 1, Tulare County 1.

## Dysentery (Bacillary)

33 cases: Alameda County 2, Albany 1, Oakland 1, Fresno County 1, Fresno 1, Holtville 1, Los Angeles County 1, Glendora 1, Los Angeles 16, San Francisco 1, San Joaquin County 1, Santa Barbara County 1, Palo Alto 1, Shasta County 3, Sonoma County 1.

## Ophthalmia Neonatorum

One case: Bakersfield.

## Pellagra

One case: Los Angeles.

## Poliomyelitis

35 cases: Albany 1, Oakland 5, Jackson 1, Fresno County 3, Fresno 3, Bakersfield 1, Los Angeles County 1, Glendale 1, Los Angeles 1, South Gate 1, Madera County 1, Monterey 2, Pacific Grove 1, Indio 1, Sacramento County 1, Sacramento 1, San Francisco 6, Lodi 1, Sutter County 1, Visalia 1, Davis 1.

## Tetanus

One case: San Luis Obispo.

## Trachoma

13 cases: Fresno County 1, Corona 4, Indio 1, Tulare County 7.

## Encephalitis (Epidemic)

4 cases: Madera County 1, Watsonville 1, Tulare County 1, Woodland 1.

## Paratyphoid Fever

One case: San Francisco.

## Typhus Fever

One case: National City.

## Jaundice (Epidemic)

5 cases: Indio 1, Shasta County 4.

## Food Poisoning

13 cases: San Francisco 3, Lodi 2, Stockton 1, Hillsborough 4, San Mateo 3.

## Undulant Fever

7 cases: Berkeley 2, El Cerrito 1, Kern County 1, Santa Monica 1, Carmel 1, Santa Clara County 1.

## Coccidioides Granuloma

2 cases: Fresno 1, Visalia 1.

## Septic Sore Throat

One case: Long Beach.

## Psittacosis

One case: Oakland.

## Rabies (Animal)

11 cases: Berkeley 1, Imperial County 1, Los Angeles 1, San Francisco 6, San Mateo County 1, Vallejo 1.

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